

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MILK RIVER PAC

ADDRESS (number and street)

499 S. CAPITOL STREET, SW

SUITE 422

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00625558

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

M M M

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

01

01

2017

06

30

2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Broz, Randall, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Broz, Randall, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

28

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MILK RIVER PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2017

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2017</div>		<div>49042.80</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>49042.80</div>	
(c) Total Receipts (from Line 19)	<div>26050.00</div>	<div>26050.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>75092.80</div>	<div>75092.80</div>
7. Total Disbursements (from Line 31).....	<div>28746.05</div>	<div>28746.05</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>46346.75</div>	<div>46346.75</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MILK RIVER PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9250.00	9250.00
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9550.00	9550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	16500.00	16500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26050.00	26050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26050.00	26050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26050.00	26050.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	26746.05	26746.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26746.05	26746.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28746.05	28746.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28746.05	28746.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26050.00	26050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26050.00	26050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	26746.05	26746.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	26746.05	26746.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Willoughby, Jeanne, Patrice, ,

Mailing Address 1836 Newton Street, NE

City
Washington

State
DC

Zip Code
20018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heather Podesta + Partners

Occupation (for Individual)
Lawyer/Lobbist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4160.0

Amount of Each Receipt this Period

250.00

☒ Memo Item
Actblue Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clair, Adrienne, , ,

Mailing Address 2109 First Street, NW

City
Washington

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thompson Coburn LLP

Occupation (for Individual)
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4160.1

Amount of Each Receipt this Period

500.00

☒ Memo Item
Actblue Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period

3250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Julia, , ,

Mailing Address 5218 Fairway Oaks

City
WindmereState
FLZip Code
34786FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Net Communications LLCOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4173.0

Amount of Each Receipt this Period

3000.00

☒ Memo Item
Actblue Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meaders, Stacy, , ,

Mailing Address 25 Savannah Drive

City
SenoiaState
GAZip Code
30276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Net CommunicationsOccupation (for Individual)
Senior Vice Presidnet

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : SA11AI.4173.1

Amount of Each Receipt this Period

250.00

☒ Memo Item
Actblue Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

5250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sylla, Marie, , ,

Mailing Address 9709 Tusculum Way

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
T-Mobile

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : SA11AI.4183.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grain, David, , ,

Mailing Address 13232 Palmers Creek Terrace

City
Lakewood Ranch

State
FL

Zip Code
34202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grain Management LLC

Occupation (for Individual)
Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : SA11AI.4183.1

Amount of Each Receipt this Period

5000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5250.00

9250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN WATER WORKS COMPANY, INC. FEDERAL PAC A/K/A AMERICAN WATER FEDERAL PAC

Mailing Address P.O. BOX 1770

City
VOORHEES

State
NJ

Zip Code
08043

FEC ID number of contributing
federal political committee.

C

C00354548

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **12** / **2017**

Transaction ID : SA11C.4150

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN WATER WORKS COMPANY, INC. FEDERAL PAC A/K/A AMERICAN WATER FEDERAL PAC

Mailing Address P.O. BOX 1770

City
VOORHEES

State
NJ

Zip Code
08043

FEC ID number of contributing
federal political committee.

C

C00354548

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / **12** / **2017**

Transaction ID : SA11C.4151

Amount of Each Receipt this Period

2500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 400 ATLANTIC STREET
10TH FLOOR

City
STAMFORD

State
CT

Zip Code
06901

FEC ID number of contributing
federal political committee.

C

C00426775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **30** / **2017**

Transaction ID : SA11C.4153

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIRSTENERGY CORP. POLITICAL ACTION COMMITTEE

Mailing Address 76 SOUTH MAIN STREET

City
AKRON

State
OH

Zip Code
44308

FEC ID number of contributing
federal political committee.

C C00140855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / **08** / **2017**

Transaction ID : SA11C.4146

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00010082

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / **10** / **2017**

Transaction ID : SA11C.4149

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00010082

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / **12** / **2017**

Transaction ID : SA11C.4152

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

A. T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.

City
WASHINGTON

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C C00361758

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / **08** / **2017**

Transaction ID : SA11C.4148

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

16500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Actblue Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

FEC Identification Number

C**Transaction ID : SB21B.4189**

Amount of Each Disbursement this Period

207.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2017

FEC Identification Number

C**Transaction ID : SB21B.4197**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2017

FEC Identification Number

C**Transaction ID : SB21B.4199**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1207.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Compliance Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4200**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4203**

Amount of Each Disbursement this Period

3772.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4204**

Amount of Each Disbursement this Period

1773.46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6045.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4205**

Amount of Each Disbursement this Period

442.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4209**

Amount of Each Disbursement this Period

12657.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraising Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4210**

Amount of Each Disbursement this Period

1485.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14584.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

16.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraiser Catering Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4206**

Amount of Each Disbursement this Period

409.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraising Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4211**

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

726.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4212**

Amount of Each Disbursement this Period

2622.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S. Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4218**

Amount of Each Disbursement this Period

6.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Drane, LaDavia, , ,

Mailing Address 121 Waltman Place NE

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Reimbursement of Event Entertainment Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4231**

Amount of Each Disbursement this Period

325.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	9	5	3	.	7	2
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Intuit Quickbooks

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Check Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4213**

Amount of Each Disbursement this Period

274.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Quickbooks

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Check Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

86.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Quickbooks

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Check Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.4216**

Amount of Each Disbursement this Period

41.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

401.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address PO Box 24643

City
SeattleState
WAZip Code
98124Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2017

FEC Identification Number

C**Transaction ID : SB21B.4201**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

26419.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILK RIVER PAC

Full Name (Last, First, Middle Initial)

A. LISA BLUNT ROCHESTER FOR CONGRESS

Mailing Address PO BOX 9767

City
WILMINGTONState
DEZip Code
19809Purpose of Disbursement
Political Contribution

Candidate Name

BLUNT ROCHESTER, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	1	7		

FEC Identification Number

C C00590778**Transaction ID : SB23.4219**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City
ORLANDOState
FLZip Code
32853Purpose of Disbursement
Political Contribution

Candidate Name

DEMINGS, VALDEZ VAL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	1	7		

FEC Identification Number

C C00590489**Transaction ID : SB23.4223**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00